

forcept-

**CUSTOMER NUMBER: 25267** 

2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, Indiana 46204 (317) 684-5000

# **PATENT APPLICATION**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

### Certificate Under 37 CFR 1.8(a)

Atty. Docket: 8266-1170 I hereby certify that this correspondence is being sent to: Office of Initial Patent Examination, Applicants: Commissioner for Patents, P.O. Box 1450, Ferrand et al. Alexandria, VA 22313-1450 by facsimile PATIENT CARE SYSTEM transmission Invention: Serial No.: 10/730,453 on March 26, 2004 Filed: December 8, 2003 Charles W. Arnett

REQUEST FOR CORRECTION OF FILING RECEIPT

Office of Initial Patent Examination Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

A copy of the official Filing Receipt for the above-identified application is attached. The filing receipt has two inventors' names spelled incorrectly. A corrected filing receipt is requested.

Applicants request that the fifth inventor's name be changed from "Steven M. Roe" to "Steven N. Roe", and the second to last inventor's name be changed from "William Silya" to "William Silva". This error was made by the U.S. Patent Office, therefore no fee should be associated with this change. Please send a new corrected filing receipt to us.

Respectfully submitted,

Charles W. Arnett, Reg. No. 51,414

CWA:kyb Indianapolis, Indiana (317) 684-5281 C:WRPORTBL/DTI/KYB\\386865\_1.DOC



United States Priest and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Vignis 22313-1450

APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/730 453	12/08/2003	3673	1208	8266-1170	92	30	6

**CONFIRMATION NO. 2297** 

Intellectual Property Group Bose McKinney & Evans LLP 2700 First Indiana Plaza 135 North Pennsylvania Street Indianapolis, IN 46204 FILING RECEIPT

\*OC000000012171912\*

Date Mailed: 03/24/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

#### Applicant(s)

SILVA

Robert J. Ferrand, Burlingame, CA;
Marc M. Thomas, Portola Valley, CA;
Lincoln J. Alvord, Redwood City, CA;
Stephen D. Smith, San Francisco, CA;
Steven Roe, Los Altos, CA;
Richard W. O'Connor, Palo Alto, CA;
William A. Gilmartin, Los Altos Hills, CA;
William Loh, San Ramon, CA;
William R. Fish, San Jose, CA;
Jonathan Salsado, Sunnyvale, CA;
Charles W. Neder, Mountain View, CA;
William R. Fremont, CA;
Wesley E. Grass, Atherton, CA;

Docketed By: (ab Date: 3/26/04

### Domestic Priority data as claimed by applicant

This application is a CON of 10/227,691 08/26/2002 PAT 6,668,408 which is a CON of 09/862,545 05/22/2001 PAT 6,438,776 which is a CON of 09/318,135 05/25/1999 ABN which is a CON of 08/831,319 04/01/1997 PAT 5,906,016 which is a DIV of 08/162,514 12/03/1993 PAT 5,802,640 which is a CIP of 07/864,881 04/03/1992 PAT 5,279,010 which is a CIP of 07/641,697 01/16/1991 PAT 5,138,729 which is a DIV of 07/511,842 04/20/1990 PAT 5,023,967 which is a CON of 07/172,264 03/23/1988 ABN

If Required, Foreign Filing License Granted: 03/23/2004

Projected Publication Date: To Be Determined - pending completion of Corrected Papers

Non-Publication Request: No

Early Publication Request: No

Title

Patient care system

**Preliminary Class** 

005

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Title 35, United States Code, Section 184
Title 37, Code of Federal Regulations, 5.11 & 5.15

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